Denise Juneau, Superintendent
Montana Office of Public Instruction
www.opi.mt.gov

Summer Food Service Program
Daily Meal Count
Enrolled Sites and Camps - Adult

Site Name _____Date From_____ Date To _____

Key: B = Breakfast; AM = AM Snack; L = Lunch; PM = PM Snack; S = Supper

Name	B	A M	L	P M	S	B	A M	L	P M	S	B	A M	L	P M	S	B	A M	L	P M	S	B	A M	L	P M	S
Program Adults																									
Non-Program Adults																									
Total Ineligible Meals (I)																									

I certify that the above counts are true and correct. Authorized Signature_____Date_____